

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/524952**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2	1						52		2				
3	1						53		2				
4		1					54		2				
5		1					55		2				
6		1					56		2				
7		1					57		2				
8		1					58		2				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66	1					
17		1					67	1					
18		1					68	1					
19		1					69		2				
20		2					70		1				
21		1					71		1				
22		1					72		1				
23		1					73		2				
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50		2					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	7	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	78	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	85					